

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10049368	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2		/					62						
3		/					63						
4		/					64						
5		/					65						
6		/					66						
7	/						67						
8		/					68						
9		/					69						
10		/					70						
11				/		/	71						
12				/		/	72						
13				/		/	73						
14				/		/	74						
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16		/		/		/	76						
17				/		/	77						
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19				/		/	79						
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21				/		/	81						
22				/		/	82						
23				/		/	83						
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26		/		/		/	86						
27				/		/	87						
28				/		/	88						
29				/		/	89						
30				/		/	90						
31				/		/	91						
32				/		/	92						
33				/		/	93						
34				/		/	94						
35				/		/	95						
36				/		/	96						
37				/		/	97						
38				/		/	98						
39				/		/	99						
40				/		/	100						
41				/		/							
42				/		/							
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46				/		/							
47				/		/							
48				/		/							
49				/		/							
50				/		/							
TOTAL IND.			4		4		TOTAL IND.						
TOTAL DEP.			11		12		TOTAL DEP.						
TOTAL CLAIMS			15		16		TOTAL CLAIMS						